

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	Lamoine Permit # 1912
Street or Road	SHORE ROAD 1254	Date Permit Issued	8.7.18 Fee \$ 265 Double Fee Charged ( )
Subdivision, Lot #		Local Plumbing Inspector Signature	<i>Rebecca O'Brien</i> L.P.I. # 394
<b>OWNER/APPLICANT INFORMATION</b>		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	McMULLEN, STEVE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Fee: \$ 265 state min. fee \$ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State
Mailing Address of	1078 SHORE ROAD		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 266-0775	Municipal Tax Map # 1 Lot # 24	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
<i>Steve McMullen</i> 8/7/18 Signature of Owner or Applicant Date		 Local Plumbing Inspector Signature (1st Date Approved) (2nd Date Approved)	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b> _____ sq. ft. <input type="checkbox"/> _____ acres <input checked="" type="checkbox"/>	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Current Use:</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device 10 END <b>FEED CONCRETE CHAMBERS</b> <input type="checkbox"/> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 900 sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 270 gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 3, D at Observation Hole # 1 Depth 12" OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. 44° 27' 45.9" N Lon. 68° 20' 37.7" W if g.p.s., state margin of error 30'

## SITE EVALUATOR STATEMENT

I certify that on 5-1-18 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

*William A. LaBelle, Jr.* 319 5-7-18  
Site Evaluator Signature SE# Date  
WILLIAM A. LaBELLE, JR. (207) 537-5900 labelleseptic@rivah.net

Site Evaluator Name Printed Telephone Number E-mail Address  
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.



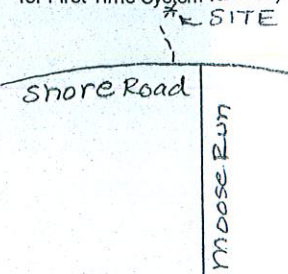
## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172Town, City, Plantation  
**LAMOINE**Street, Road, Subdivision  
**SHORE ROAD**Owner or Applicant Name  
**STEVE McMULLEN**

SITE PLAN

Scale 1" = **50** Ft.

(SEE ATTACHED SITE PLAN)

SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole **#1** ☒ Test Pit ☐ Boring**4** " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		GRAY (10YR 6/1)	N.E.
STONY	FRIABLE	DARK	POSSIBLE
LOAM		YELLOWISH	
	FIRM	BROWN	
		(10YR 3/6)	
(STANDING WATER @ 14")			

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<b>3</b>	<b>D</b>	<b>4%</b>	<b>12"</b>	<input type="checkbox"/> Restrictive Layer
	Condition		Depth	<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Observation Hole **#2** ☒ Test Pit ☐ Boring**4** " Depth of organic horizon above mineral soil

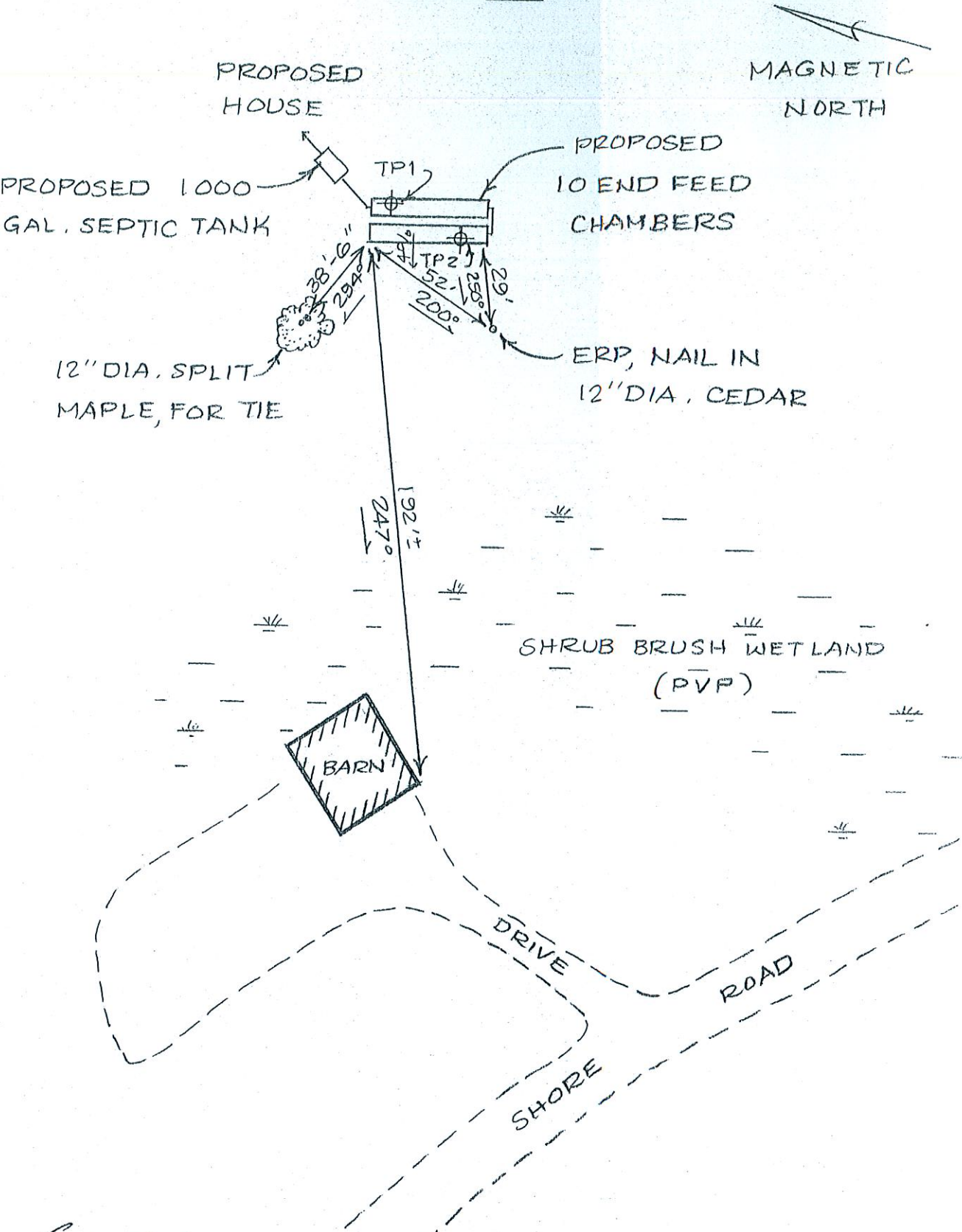
Texture	Consistency	Color	Mottling
SANDY		DARK	N.E.
STONY	FRIABLE	YELLOWISH	COMMON
LOAM		BROWN	DISTINCT
	FIRM	(10YR 4/6)	
(STANDING WATER @ 13")			

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<b>3</b>	<b>D</b>	<b>4%</b>	<b>12"</b>	<input type="checkbox"/> Restrictive Layer
	Condition		Depth	<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Site Evaluator's Signature  
**W. C. 2.13**S. E. #  
**319**Date  
**5-7-18**



**SITE PLAN:**  
SCALE: 1" = 50 FT.



*W.C. 2.1*  
Site Evaluator's Signature

319  
S.E. #

5-7-18  
Date



Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

Owner or Applicant Name  
STEVE McMULLEN

SCALE: 1" = 20 FT.



MAGNETIC  
NORTH

-TIE ENDS  
TOGETHER,  
FED BY  
SERIAL  
DISTRIBUTION

- APPROX.  
EDGE OF  
FILL

PROPOSED 10-4'x8' END FEED  
CHAMBERS PLACED IN 2 ROWS OF 5 SEPARATED BY  
5', FOUR CORNERS ARE STAKED OUT.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	<u>30"</u>	Finished Grade Elevation		<u>(See</u>		Location & Description <u>NAIL 80"</u>
Depth of Backfill (Downslope)	<u>33"</u>	Top of Distribution Pipe or Proprietary Device		<u>attached</u>	<u>N/A</u>	<u>ABOVE GROUND IN 12" DIA</u>
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field		<u>X-sec.)</u>		<u>CEDAR,</u>
						Reference Elevation is: <u>0"</u>

NOTES:

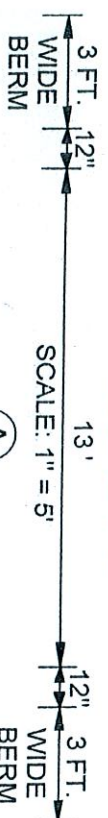
1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPs" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation or frost wall must be 20' minimum from edge of disposal field and no full basement, slab, columns or posts must be 15' minimum from edge of disposal field.

5-7-18  
Date



# DISPOSAL AREA CROSS SECTION

SLOPE 4 %



NOTE:  
GRADE UPSLOPE TO DIVERT  
SURFACE WATER AWAY FROM  
SYSTEM, ALSO DOWNSLOPE.

TOP 4" OF FILL TO BE A GOOD LOAM  
SOIL MIX TO ESTABLISH A GOOD  
VEGETATIVE COVER. SEED  
AND MULCH TO PREVENT EROSION,  
SEC. 11-G.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F  
RECOMMENDED OVER STONE AND CHAMBERS

FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).

FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).

REMOVE VEGETATION AND SCARIFY  
ORIGINAL SOIL UNDER ENTIRE FILL AREA,  
SEC. 11-B.

BOTTOM OF CHAMBERS MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL  
CLEAN, COARSE, SHARP SAND INTO  
TOP 6 INCHES OF ORIGINAL SOIL TO  
CREATE A TRANSITION ZONE, SEC. 11-B.

## ELEVATIONS:

ELEV. REF. PT. (ERP):	0'	ROW 1	ROW 2
FINISHED GRADE:	(CROWN -19")	(-27" MIN.)	
TOP OF CHAMBERS:	-31"	-35"	
BOTTOM OF CHAMBERS:	-44"	-48"	

## NOTE:

SYSTEM MUST BE INSTALLED ACCORDING  
TO THE RULES AND PRACTICES SET FORTH  
IN THE MOST CURRENT VERSION OF THE  
STATE OF MAINE SUBSURFACE WASTEWATER  
DISPOSAL RULES. INSTALLATION CONTRACTOR  
MUST BE FAMILIAR WITH SAID RULES AND  
CONSTRUCT SYSTEM IN FULL COMPLIANCE  
WITH SECTION 11 OF SAID RULES.

OWNER: STEVE McMULLEN  
LOCATION: LAMOINE

DOC17

WILLIAM A. LABELLE, JR.

S.E.#

319

DATE

5-7-10